

**DEADLINE:**

Please return application  
& supplemental  
questionnaire in person  
or by U.S. Mail with a  
postmark on or before the  
above date.

**4:30 PM****FRIDAY****NOVEMBER 12, 2004****City-County Employment Office**

Your Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_ Date \_\_\_\_\_

**SENIOR OFFICE ASSISTANT****HEALTH DEPARTMENT - COMMUNITY HEALTH SERVICES****Req. #04-0057-CI-2****SUPPLEMENTAL QUESTIONNAIRE**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**Please allow 2 weeks from the closing date of this position before expecting to receive notice (one way or another) with regards to an interview.**

**PLEASE READ BEFORE COMPLETING:**

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. NOTE: Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information you, the applicant, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

**CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.**

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1-1. Have you taken a typing test with any of the organizations listed below within the last 12 months? (Failure to take the standard typing test by the closing date will be cause for rejection based on entry requirements of this position. MUST TYPE 40 NET WPM. (AFTER ERRORS)).

- ☐ City of Lincoln/Lancaster County
  - ☐ Workforce Development
  - ☐ State Personnel
  - ☐ None
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2-1. Do you have experience working in an office setting?

- ☐ Yes
- ☐ No

2-2.

If yes, please list employer(s).

EXPLAIN:

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2-3.

If yes, please list job title, how long you performed these duties and describe your experience.

EXPLAIN:

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3-1. List the courses that you have completed or are presently taking in the office/clerical field?

List:

EXPLAIN:

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4-1. Please indicate the types of office equipment you have operated.

- ☐ Typewriter
- ☐ Computer
- ☐ Adding Machine/Calclater
- ☐ Multi-phone line
- ☐ Copier

List others:

EXPLAIN:

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5-1. Do you have experience maintaining records?

- ☐ Yes
- ☐ No

If yes, list types. DO NOT LIST FILING SYSTEMS.

EXPLAIN:

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6-1. Do you have medical records or CDM-9 coding experience?

- ☐ Yes
- ☐ No

6-2.

If yes, please list employer(s).

EXPLAIN:

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6-3.

If yes, please describe your experience.

EXPLAIN:

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7-1. Do you have experience working with highly confidential material?

- ☐ Yes  
☐ No

7-2.

If yes, please list employer(s).

EXPLAIN:

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7-3.

If yes, please describe your experience.

EXPLAIN:

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8-1. Indicate if you have experience in the following?

8-2. WordPerfect?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-3. Microsoft Word?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-4. Microsoft Excel?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicated where you acquired this experience.

EXPLAIN:

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8-5. Microsoft Access?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-6. Internet?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-7. Page Maker?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-8. Harvard Graphics?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-9. Microsoft Publishing?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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8-10. Other:

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate where you acquired this experience.

EXPLAIN:

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9-1. Indicate if you have experience using various filing systems?

9-2. Alphabetical?

- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, list employer(s) where you acquired this experience.

EXPLAIN:

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9-3. Numerical?

- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate employer(s) where you acquired this experience.

EXPLAIN:

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9-4. Chronological?

- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate employer(s) where you acquired this experience.

EXPLAIN:

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9-5. Subject?

- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate employer(s) where you acquired this experience.

EXPLAIN:

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9-6. Color?

- ☐ Occasionally
- ☐ Daily
- ☐ None

If yes, indicate employer(s) where you acquired this experience.

EXPLAIN:

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10-1. Do you have experience compiling reports?

- ☐ Yes  
☐ No

If yes, indicate the types of reports and your involvement in their completion. (i.e., collect data, compile, type)

EXPLAIN:

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11-1. Do you have public contact experience?

- ☐ Yes  
☐ No

11-2.

If yes, please list employer(s).

EXPLAIN:

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11-3.

If yes, please describe your experience (i.e., phones/walk-ins).

EXPLAIN:

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12-1. Indicate if you have typing experience in any of the following?

- ☐ Statistical
- ☐ Forms
- ☐ Copy from draft
- ☐ Dictating equipment
- ☐ Reports

List others:

EXPLAIN:

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13-1. Do you have data entry experience?

- ☐ Training Only
- ☐ Occasionally
- ☐ Daily
- ☐ None

13-2.

List employer(s) where you acquired this experience.

EXPLAIN:

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14-1. Do you have experience taking, recording, and/or transcribing minutes?

- ☐ Yes
- ☐ No

14-2.

If yes, please list employer(s).

EXPLAIN:

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14-3.

If yes, please describe your experience.

EXPLAIN:

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15-1. Are you fluent in Spanish?

- ☐ Yes
- ☐ Read
- ☐ Speak
- ☐ No

15-2. Are you fluent in Vietnamese?

- ☐ Yes
- ☐ Read
- ☐ Speak
- ☐ No

15-3. Are your fluent in Arabic?

- ☐ Yes
- ☐ Read
- ☐ Speak
- ☐ No

15-4. Are you fluent in American Sign?

- ☐ Yes
- ☐ Read
- ☐ Sign
- ☐ No

15-5. Are you fluent in Other languages?

- ☐ Yes
- ☐ Read
- ☐ Speak
- ☐ No

Please list other languages:

EXPLAIN:

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16-1. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln Police Department requires the following information. I understand that ALL convictions for any law violation (such as: DUI, shoplifting, minor in possession, reckless driving, and so on) other than a minor traffic violation (i.e., parking ticket, speeding ticket) must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions will be considered to be falsification of your application and result in automatic rejection. [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

Last name, First name, Middle name, Birth date, Sex, Other name known as (Ex. maiden name)

EXPLAIN:

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17-1. Have you listed on the application form ALL jobs and education described on this questionnaire?

- ☐ Yes
- ☐ No